

OFFICEUSE:

- ☐ Birth Certificate
☐ Medical Shot Record
☐ Auto Insurance Form

Starting Date: _____

CITY OF ROCKLIN PRESCHOOL
DEPARTMENT OF COMMUNITY SERVICES
2004/2005 PRESCHOOL REGISTRATION/RELEASE FORM



Indicate choice #1, #2, #3 in each box

Birthdate:

06-03-01 to 12-02-01
 12-03-00 to 06-02-01
 06-03-00 to 12-02-00
 12-03-99 to 06-02-00

Preschool I - 3rd Street

- ☐ Three School
☐ Kinderschool
☐ Prep School
☐ Pre K Class

Class days/time

(T&F 8:45 - 11:45 am)
 (T&F 12:15 - 3:15 pm)
 (MWTH 8:45 - 11:45 am)
 (MWTH 12:15 - 3:15 pm)

Preschool III - Rock Creek

- ☐ Kids Class
☐ Adventure Class
☐ Discovery Class
☐ Enrichment Class

Class days/times

(T&F 8:45 - 11:45 am)
 (T&F 12:15 - 3:15 pm)
 (MWTH 8:45 - 11:45 am)
 (MWTH 12:15 - 3:15 pm)

Birthdate:

06-03-00 to 12-02-00
 12-03-99 to 06-02-00
 12-03-98 to 03-02-00

Preschool II - 5th Street

- ☐ Explorer Class
☐ Odyssey Class
☐ Readiness Class

Class days/times

(MWF 8:45 - 11:45 am)
 (TTH 8:45 - 11:45 am & F 12:15 - 3:15 pm)
 (MTWTH 12:15 - 3:15 pm)

Child's Name: _____

Name Used: _____

Home#: _____ Birthdate: _____ Gender: F M

Address: _____

(NUMBER)

(STREET)

(CITY)

(STATE & ZIP)

Mother's/Guardian's Name: _____ Occupation: _____

Cell #: _____ Work#: _____

Father's/Guardian's Name: _____ Occupation: _____

Cell #: _____ Work#: _____

Parent/Guardian Address (if different from above): _____

Sibling(s) Name(s): _____ Age(s): _____

I give my permission to include my name & address in the Preschool directory: yes ☐ no ☐

EMERGENCY INFORMATION

EMERGENCY NAME & PHONE (other than above): _____
 Names of person, other than parents, authorized to take above-named child from the facility. Pictured driver's license identification required for pickup. **NO OVER-THE-PHONE AUTHORIZATION WILL BE ACCEPTED.**
NAMEPHONERELATIONSHIP

1. _____

2. _____

3. _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY (NAME & PHONE): _____

Medical Insurance: _____ Ins. ID No.: _____ Medi-Cal Insurance No.: _____

Does your child have any physical or medical limitations? (Please describe): _____

Does your child have any allergies? (include foods, medicines, insect bites): _____

Foods I do not want my child served: _____

(This is a two sided form)

RELEASE & INDEMNITY

In consideration for being permitted by the City of Rocklin to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I or my child (if participating) may have, or which hereafter accrue to me, or my child, against the City as a result of my or my child's participation in the activity. This release is intended to discharge the City, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of, or connected in any way with my or my child's participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my child (or my or my child's heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my and my child's heirs and assigns. In addition, I agree to indemnify and hold harmless city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out my or my child's participation in the activity described above, caused in whole or in part by my or my child's negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the City.

I have carefully read the above release and indemnity agreement and fully understand its contents. I am aware that this is a release of liability and agreement to indemnify the City and I sign it of my own free will.

I understand that the City staff is under no circumstance to administer inhalents, bee sting injections, or any type of medication.

The City of Rocklin Community Services staff reserves the right to photograph and/or video tape participants in City facilities and activities. All photos and/or video tapes will remain the property of the City of Rocklin and may be used for publicity and promotional purposes.

(PARENT SIGNATURE)

(DATE)

(PRINT NAME)

If waiver is not signed, participant will not be registered and form will be returned.

Office Use: Amount: _____ Receipt No.: _____ Check No.: _____ Date: _____ By: _____